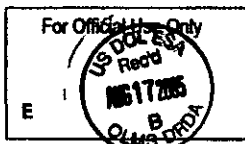


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U- <u>Union</u> <u>9256</u>	2 Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>Lucille</u> <u>Palmer-Byrd</u> P O Box, Bldg, Room No., if any _____ Street <u>101 College Ave., 1-A</u> City <u>Modesto</u> State <u>California</u> ZIP Code + 4 <u>95350-5979</u>	4 Name, file number, and address of labor organization Name <u>Operative Plasterers & Cement Masons Local 300</u> Labor Organization File Number <u>540512</u> P O Box, Building and Room Number, if any _____ Street <u>703 South "B" Street, # 200</u> City <u>San Mateo</u> State <u>California</u> ZIP Code + 4 <u>94401</u>
5 Position in labor organization <u>Business Agent</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any _____ P O Box, Bldg, Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a. Nature of Interest, Transaction, or Income _____ 7 b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

8-12-2005

Date

209 524-0614

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name No. Cal. Plasterers Health & Welfare Trust

Trade Name, if any Plasterers

P O Box, Bldg, Room No, if any

Street 550 Howe Ave., #230

City Sacramento

State California ZIP Code + 4 95825

9 Business deals with

- ☐ a Labor Organization
- ☒ b Trust
- ☐ c. Employer

10 If 9 b or 9 c. is checked give trust or employer's name

Name No. Cal. Plasterers Health & Welfare Trust

Trade Name, if any Plasterers

P O Box, Bldg, Room No, if any

Street 550 Howe Ave., @230

City Sacramento

State California ZIP Code + 4 95825

11 a Nature of such dealing

Reimbursed expenses travel

11 b Approximate dollar value of such dealing

\$225

12 a Nature of interest held or income received

12.b Amount.

Name of Person Filing		File Number U-
Lucille Palmer-Byrd		Union
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name, if any) Name Northern California Cement Masons J.A.T.C. Trade Name, if any Apprenticeship Training P O Box, Bldg, Room No., if any Street 2350 Santa Rita Road City Pleasanton State California ZIP Code + 4 94566-4135	9 Business deals with. <input type="checkbox"/> a Labor Organization <input checked="" type="checkbox"/> b Trust <input type="checkbox"/> c Employer	
10 If 9 b or 9 c. is checked give trust or employer's name Name Northern California Cement Masons J.A.T.C. Trade Name, if any Cement Masons P O Box, Bldg, Room No., if any Street 2350 Santa Rita Road City Pleasanton State California ZIP Code + 4 94566-4135	11 a Nature of such dealing Reimbursed expenses for Womens Conference Sacramento California 11 b. Approximate dollar value of such dealing \$57 12 a Nature of interest held or income received Instructor Wages 12 b Amount. \$4,142	